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*LIMITED TO MATTERS
AND PROCEEDINGS BEFORE
FEDERAL COURTS & AGENCIES
**REGISTERED PATENT AGENT
***SENIOR COUNSEL

January 4, 2002

WRITER'S DIRECT NUMBER:
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INTERNET ADDRESS:
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Commissioner for Patents
Washington, D.C. 20231

Box Patent Application

Re: U.S. Non-Provisional Utility Patent Application under 37 C.F.R. § 1.53(b)
Appl. No. *To be assigned*; Filed: January 4, 2002
For: **Viral Delivery System for Infectious Transfer of Large Genomic DNA
Inserts**
Inventors: Chiocca *et al.*
Our Ref: 0609.5050005/JAG/KRM/FRC

Sir:

The following documents are forwarded herewith for appropriate action by the U.S. Patent and Trademark Office:

1. PTO Fee Transmittal (Form PTO/SB/17);
2. Authorization to Treat a Reply As Incorporating An Extension of Time Under 37 C.F.R. § 1.136(a)(3) (*in duplicate*);
3. Application Data Sheet;
4. PTO Utility Patent Application Transmittal (Form PTO/SB/05);
5. U.S. Utility Patent Application entitled:

Viral Delivery System for Infectious Transfer of Large Genomic DNA Inserts

Commissioner for Patents

January 4, 2002

Page 2

and naming as inventors:

E. Antonio Chiocca
Yoshinaga Saeki
Richard Wade-Martins

the application consisting of:

- a. A specification containing:
- i. 52 pages of description prior to the claims;
 - ii. 6 pages of claims (37 claims);
 - iii. a one (1) page abstract;
- b. 18 sheets of drawings: (Figures 1A-C, 2A-C, 3A-B, 4A-D, 5A-F, 6A-C, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and 18); and
- c. An original executed Declaration;
6. Recordation Form Cover Sheet;
7. An original executed Assignment to The General Hospital Corporation, recordation of which is hereby respectfully requested;
8. Two (2) return postcards; and
9. Our check No. **33753** for **\$689.00** to cover:
- \$ 370.00 Filing fee for patent application;
 - \$ 40.00 Assignment recordation fee(s); and
 - \$ 279.00 Fee for excess claims.

It is respectfully requested that, of the two attached postcards, one be stamped with the filing date of these documents and returned to our courier, and the other, prepaid postcard, be stamped with the filing date and unofficial application number and returned as soon as possible. The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**689.00**

Complete if Known

Application Number	To be assigned
Filing Date	January 4, 2002
First Named Inventor	E. Antonio ChioCCA
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	0609.5050005/JAG/KRM/FRC

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number 19-0036
Deposit Account Name Sterne, Kessler, Goldstein & Fox P L L C

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

☒ Applicant claims small entity status See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☒ Other*

*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036

FEE CALCULATION

I. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	740	201	370	Utility filing fee	370.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$) 370.00

2. EXTRA CLAIM FEES

Extra	Fee from below	Fee Paid
Total Claims 37 - 20** = 17	X 9	= 153.00
Indep. Claims 6 - 3** = 3	X 42	= 126.00
Multiple Dependent		=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim
108	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 279.00

** or number previously paid, if greater, For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	481	40	Recording each patent assignment per property (times number of properties)	40.00
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify):

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Karen R Markowicz	Registration No. (Attorney/Agent)	36,351	Telephone	202-371-2600
Signature	Karen R. Markowicz	Date	1/4/02		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.P:\USERS\pdromally\Frank.C\0609\5050005\Application_feesht

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.	0609 5050005/JAG/KRM/FRC
First Inventor	E. Antonio Chiocca
Title	Viral Delivery System for Infectious Transfer of Large Genomic DNA Inserts
Express Mail Label No.	

C892 US PTO
10/035216
01/04/02**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 59]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 18]

5. ☒ Oath or Declaration [Total Pages 2]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR §§
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program
(Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Two (2) Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Authorization under 37 C.F.R. § 1.136(a)(3)
- ☒ Other: The name of the assignee is: The General Hospital Corporation

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No. ____/_____
Prior application information. Examiner _____ Group/Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

Customer No. 26111

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME	STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.				
	Attorneys at Law				
ADDRESS					
CITY		STATE		ZIP CODE	
COUNTRY		TELEPHONE		FAX	

NAME (Print/Type)	Karen R. Markowicz	Registration No. (Attorney/Agent)	36,351
SIGNATURE	<u>Karen R. Markowicz</u>	Date	<u>1/4/02</u>

Burden Hour Statement: this form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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